

Mail to: P.O. Box 309522

Montgomery, AL 36130

APPLICATION
FOR PERMANENT LICENSE AS FUNERAL DIRECTORName: _____
(First) (Middle) (Last)Residence Address: _____
(Street & No. / P.O. Box) (City, State Zip)Business Address: _____
(Street & No. / P.O. Box) (City, State Zip)

Telephone Number: _____ Social Security #: _____

EMAIL Address: _____ Date of Birth: _____ Place of Birth: _____

I have a certificate of High School graduation or its equivalent GED Certificate: ☐ YES ☐ NO Date of Diploma or Certificate: _____

I have a certificate of completion from an accredited mortuary or funeral service school as having completed a course of instruction in funeral arts from _____ (Mortuary School). Date of Completion: _____

Attach herewith a transcript or certificate of completion from the above school.

Name and Address of High School or of the Institution or Agency that granted Diploma or GED Certificate:

(Name) (Street & No. / P.O. Box) (City, State Zip)

Name and Address of Funeral Establishment where employed:

(Name) (Street & No. / P.O. Box) (City, State Zip)

Under the provision of §34-13-71 and 72 of the Code, I submit the following data as to training and experience as an Apprentice Funeral Director.:

Name and Address of Funeral Establishment at which training was received (if more than one establishment please list on a separate attach sheet of paper):

(Name) (Street & No. / P.O. Box) (City, State Zip)

Trained from: _____ to _____

Date of breaks in training within the past three years of which waiver of training time was requested and the reason thereof:

_____ to _____ Reason: _____

Have you ever been convicted of a felony or misdemeanor, other than a traffic violation? ☐ YES ☐ NO If yes, please attach details.I certify that I am a citizen of the United States or legally present in the United States? ☐ YES ☐ NO

Affidavits required by §34-13-71 are attached hereto and made a part of this application.

I hereby apply for license as a FUNERAL DIRECTOR for the fiscal year ending September 30, 20____ and in support of such application submit and attest to the information and data supplied herewith. I also attach herewith application fee of **\$100.00**. I have read and understand the provisions of Title 34, Chapter 13, Code of Alabama, 1975, which govern the issuance and maintenance of the License requested. **I UNDERTSAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY LICENSE TO REVOCATION.**_____
(Signature of Applicant)

Subscribed and sworn to before me, a Notary in the State of Alabama this _____ day of _____, 20____.

Seal

Notary Public

My Commission expires _____.